

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>me</i>		10/31/02
O.I.P.E. CLASSIFIER	<i>me</i>		
FORMALITY REVIEW		72157	12/11/02
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral)..... Canceled  
 + ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Final	Original	Date
1	✓	02	02
2	✓	02	02
3	✓	02	02
4	✓	02	02
5	✓	02	02
6	✓	02	02
7	✓	02	02
8	✓	02	02
9	✓	02	02
10	✓	02	02
11	✓	02	02
12	✓	02	02
13	✓	02	02
14	✓	02	02
15	✓	02	02
16	✓	02	02
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27	✓	02	02
28	✓	02	02
29	✓	02	02
30	✓	02	02
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43	✓	02	02
44	✓	02	02
45	✓	02	02
46	✓	02	02
47	✓	02	02
48	✓	02	02
49	✓	02	02
50	✓	02	02

Claim	Final	Original	Date
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BEST AVAILABLE COPY

Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
staple additional sheet here